



## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

## ON APR - 1 AM II: 00 ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID # 14 CUTHS COUNTY CLERK /3	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
	or committee randor (interrigent barrier of barrings at board
2. Type of Filing:	Association) a. Official Depository
Original	, Charter DNE
☐ Amendment to Items: Eff. Date:/	MORAVIAN + Garfield
3. Full Name of Committee:	MALLON TWO MI 41803E
Committee to Flect LONY Calec	4
COMMISSIONER MAGCOMB CNY 16+2 Di	b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):	
ANTHONY J Caleca	
4b. Political Party (if applicable):  Democrafic	12.   This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees: Check if this committee intends to seek qualifying
Macomb	contributions or make qualifying expenditures.
4d. Office Sought (Check one):	to El EGEORGO El INO. This item continue to committee that file
□Governor □Lt. Governor □State S	L with the Michigan Department of State Rureau of Elections only and
☐State Rep. ☐Sec. of State ☐Attorne	does not apply to candidates that file with the County Clerk's office
☐State Bd. of Ed. ☐ ☐UofM Reg. ☐ ☐MSU Ti	usiee
☐WSU Gov. ☐Supreme Court ☐Appeals	If the Campaign Finance Act requires any committee that mes
☐Circuit Court ☐District Court ☐Probate	Attitute occided of orate and obeside of receive Andrea within
Municipal Court	preceding calendar year OR expects to receive or spend \$20,000
Silocal or other please specify: County Comm.	in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of
4e. District/Circuit # or Jurisdiction:	charge to assist you in meeting this requirement.
5, Date Committee was Formed: 4/////04	☐ Committee spent or received or expects to spend or receive in
t in the second of the second	excess of \$20,000 and is required to file electronically.
6a. Committee Phone #: (5% ) <u>465</u> - <u>60//</u>	** OR **
6b. Committee Fax #: ( )	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically
	voluntarily.
6c. Committee E-mail Address: bigt Callua (A) AOL . C 6/7	
Digt Calela ICV ADL, COM	14. Verification: I/We certify that all reasonable diligence was used
7a. Complete Comm. Mailing Address (May be PO Bo	in the preparation of the above statement and that the contents are
20728 Dunhan Rd	true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures
Clinton Tup 48038	below shall serve as the signatures that verify the accuracy and
7b. Complete Comm. Street Address (May not be PO	Box): completeness of each statement filed electronically by the committee.
20128 DUNHAM RU	I/We certify that all reasonable diligence will be used in the
Clinton Twp 48038	preparation of each statement electronically filed by this committee
8. Treasurer Name and Complete Address:	and that the contents of each statement will be true, accurate and
1.14ha 5 001010	complete to the best of my/our knowledge or belief. (Sign Name and Date)
20728 Dunham Clinton Tup	48038
	Candidate:
Phone #: (586) 465 - 6011	
E-mail Address:	anthorna (Callea 4, 1,04
9. Designated Record Keeper Name and Complete Ad	dress: anthony & Callia 4, 1,04
9, Designated Necord Neeper Humb and Complete 7	Current Treasurer:
	Julian Hadaman
Phone #: ( )	
E-mail Address:	Designated Record Keeper (Required only if filing electronically):
10. TAREPORTING WAIVER REQUEST: If the committee	
not expect to receive or expend in excess of \$1,000 in an	election
and checks this box; the filing requirement of pre, post an	d annual
campaign statements is waived. The Reporting Waiver w	ill be
automatically lost if the committee exceeds the \$1,000 this	reshold.